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ABSTRACT

Previously hospitalized psychiatric patients experienced a psychologically therapeutic day-care program. These aftercare clients were interviewed concerning psychological change in their behavior. The results show that most clients increased their ability to psychologically function and relatively few clients indicated a decrease in their ability to psychologically function. Three variables are predictive of psychological functioning. These variables are a person's present housing, medication cost, and a person's age. The study indicates that a therapeutic day-care program can help aftercare clients increase their psychological functioning. This research indicates that a therapeutic day-care program can significantly enhance an aftercare program. (Author)

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AFTERCARE CLIENTS IN A PSYCHOLOGICALLY THERAPEUTIC DAY-CARE PROGRAM

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Most communities today are confronted with the problem of aftercare. These communities either have been or are still struggling, mostly through a trial and error appraoch to solve many unresolved questions. Some of the questions currently being raised are: What are the most effective methods of helping an individual, who has been hospitalized with psychological problems, re-enter the community? What services must be provided in order to facilitate a smooth transition into one's community? What variables or factors are predictive of increased psychological functioning?

Many authors discuss the goals and philosophy of aftercare. A major goal of aftercare according to Burch (1973), is to prevent hospitalization. Brockema (1975) describes the aim of aftercare as the independent adjustment to the community. Korinchx (1973) defines aftercare as the resocialization of previously hospitalized patients. The theme of aftercare developed by Berman (1974) is that the purpose of aftercare is the redevelopment of social skills and meaningful human relationships. These authors present the objectives and philosophical ideals of aftercare. They do not, however, present any empirical evidence to support their theoretical positions. Their philosophical statements have definite humanistic value, but they do not answer this question: what are the most effective variables in aiding a person's transition back into his community?

The empirical findings concerning the effectiveness of aftercare programs is a mixed picture. Katkin (1975) found that housewives and ministers

were viewed as effective supportive counselors for aftercare clients. Their results showed significant reductions in recidivism. Pryer (1973) also reported a significant reduction in recidivism rate. Nineteen percent return rate for aftercare group and 61% for the control group (no aftercare treatment). These previous findings are supported by Fisher (1973). He found that in a sample of 113 clients, three out of four aftercare clients did not need to return to the hospital. Noreik (1973) studies clients in a Norwegian aftercare program. These clients had been diagnosed with functional psychoses. Noreik did not find that the aftercare program increased a person's work capacity. He did find a relationship between medication and recidivism rate. In a sample of 236 clients Mayer (1973) reported that there was no relationship between aftercare attendance and rehospitalization. The research does not totally support aftercare programs. However, the research points out some variables which are predictive of success.

Other aftercare research has attempted to more specifically determine the variables which are predictive of increased psychological functioning. In a study with 362 aftercare clients, Cogarno (1972) found that family harmony, integration of the client within the family, was more predictive of mental health than economic status or societal attitudes. In an experiment performed by Donlon (1973) with 24 chronic schizophrenic patients socialization was stressed. Donlon randomly assigned the clients to one of two aftercare experiences. The clients' experienced either a social group setting or individual supportive therapy. Donlon found that group therapy was significantly more effective than individual therapy. In a study by Prince (1973) he found further support for group methods. His research with 1,182 chronic psychotic aftercare clients indicated that group methods were significantly

more effective than the traditional individual method of one to one therapy.

Research by Herz (1974) did not support the previous findings concerning group therapy. Herz used an experimental design and randomly assigned 144 aftercare clients to either group or individual therapy. The results after one year showed no significant differences in outcomes for either group.

Mannino (1974) compared 41 former psychiatric patients with a control group of ex-patients who had not been in the aftercare program. The only significant difference between these groups was a greater involvement in free time activities for the participants in the aftercare program.

The research, generally, supports the effectiveness of aftercare programs and group therapy for aftercare clients. It also points out the effectiveness of medication and family harmony in reducing the recidivism rate.

METHOD

Subjects and selection procedures:

The subjects were individuals who had been hospitalized for a psychological or an emotional problem, and were referred to the Ashtabula County Family Service Agency in Ashtabula, Ohio. The subjects were returned to the community from three hospital sources, Ashtabula General (a private hospital with a short term psychiatric unit), Woodside Receiving Hospital (a short term state psychiatric hospital), and Massillon State Hospital (a long term state psychiatric hospital). The subjects' hospital stay varied considerably. At Ashtabula General, a person's hospitalization period was no longer than a month. At Woodside, it was no longer than three months. However, at Massillon, it could be as long as 40 years. The subjects appeared to be a homogeneous group in only one characteristic, they were hospitalized in a psychiatric institution.

The subjects were differentiated on two other characteristics. Some subjects were exposed to the agency's aftercare program. Other subjects were exposed to both the aftercare program and to the Friendship Home program. This difference was an historical problem, since the aftercare program was two years old and the Friendship Home program was only one year old. Because of this fact, some people were never exposed to the Friendship Home program. These programs should not be viewed as two separate and distinct programs. The aftercare program provided a person with the helps necessary to establish

housing, clothing, food and a minimal financial base, when they have returned to the community from a psychiatric institution. The Friendship Home program provided a person with a therapeutic drop-in center at which they could begin through household tasks, social interactions, field trips, group therapy and individual therapy to problem solve their psychological and emotional problems. The philosophy of the aftercare and Friendship Home programs was to help the person reach their maximum potential. This philosophy was seen further in the development of the total program which was designed around Maslow's hierarchy of needs.

Subjects were divided into two groups--aftercare only group and aftercare and Friendship Home group. A random sample of subjects were taken from each group. The total population was 233 subjects. The aftercare only group had a total of 83 subjects from which a sample of 28 subjects was drawn. During the interview periods it was discovered that the 28 subjects would have to be replaced by other subjects.

Finally, interviews were attempted with all 83 subjects in the aftercare only population. Nine people were able to respond to the interview questionnaire. Of the remaining 74 subjects, 17 subjects were out of touch with reality, 26 were unavailable or out of the area, 19 had limited experience in the aftercare program, 8 were unwilling to complete the questionnaire, and 4 were deceased.

The Aftercare and Friendship Home group had a total population of 150 subjects. 50 subjects were randomly sampled. Of the 50 original subjects, 23 had to be replaced, 5 subjects had relocated, 8 could not be contacted, 2 were currently hospitalized, 2 were deceased, 4 refused to participate, and 2 were out of touch with reality. Of the 23 replacements, 12 more replacements were drawn, 7 refused to participate, and 5 had relocated. In

other words, a sample of 85 subjects was drawn from a population of 150 subjects in order to obtain a sample of 50 subjects.

Nine female students were the interviewers. All students had experienced interview training through the psychological research course. These interviewers were instructed to avoid an atomosphere of demand characteristics. The questionnaire was used as a formal interviewing schedule, since it was determined that a more open schedule might create many difficulties in collecting data from Aftercare and Friendship Home clients.

The interview questionnaire consisted of 29 predictor variables and 31 behavior change variables. The predictor variables included demographic information and types and extent of treatment received through Family Service Agency. The behavioral change questions were concerned with improved problem solving abilities, greater freedom in ability to cope and function, and lower levels of stress, anxiety, and associative symptoms. The majority of these questions were on a 9 point Likert scale; 1, 2 and 3 indicated "increased functioning;" 7, 8 and 9 indicated "decreased functioning;" and 4, 5 and 6 indicated "neutral or no change." Subjects were asked to use as their focus point the time at which they entered the Aftercare program in order to determine increased or decreased functioning.

The Family Service Agency staff who work with Aftercare clients included only two staff members with professional credentials. The remainder of the staff (6 members) were people on a paraprofessional level. It was the goal of this staff to help Aftercare clients improve their functioning level in society, increase rehabilitation, and stabilize their mental health.

RESULTS

The demographic variables provides a profile of the subjects in this study. The subjects are poor and uneducated. 70% of the sample live on a household income below $7,000. For 51% of the subjects, social security or welfare is their source of income. 90% of the subjects are at, or below, a twelfth grade level of education. Only 1.5% of the subjects have any college experience.

The data shows that seventeen Aftercare only subjects and two Friendship Home subjects were no longer functioning in reality. The results also show that seven other Friendship Home subjects had to return to a long term psychiatric hospital. However, there is no data on the number of Aftercare only subjects who returned to a long term psychiatric hospital. Recidivism rate, which was based upon a client's inability to function in reality and in the community, is at least 21% for Aftercare only subjects and 6% for Friendship Home subjects. The Aftercare only subjects have a significantly higher recidivism rate than the Friendship Home subjects ($\chi^2 = 15$, df = 1, $p < .001$).

The 31 behavior change variables were factor analyzed. A varimax rotated factor analysis procedure was used. Twelve variables have positive loadings on factor 1. These factor loadings are an indicator of a person's ability to psychologically function and problem solve. Factor 1 accounts for 45% of the total explainable variance. The other two factors are not

worthy of discussion, since they only explain between 5% and 8% of the total variance. The factor loadings are reported in Table 1.

Each variable which loads on factor 1 was analyzed with χ^2. Each variable was significant beyond the $p < .001$. These results show that most clients increased their ability to psychologically function. Relatively few clients indicated a decrease in their ability to psychologically function. These findings are reported in Table 2.

The predictor variables were correlated with factor 1. Three variables are significantly preditive of a person's ability to psychologically function and problem solve. The three significant predictor variables are a person's present housing, medication expense, and age. These significant correlations show that a person's ability to psychologically function increases as their housing environment becomes more independent and their medication cost decreases. The data also show that older people are more likely to increase their psychological functioning than younger people. This last relationship is somewhat misleading in that 81% of the sample were under 50 years of age. The significant correlations are reported in Table 3.

A multiple regression analysis was performed in order to predict increased psychological functioning. A person's present housing is most predictive ($F = 13.87$, df 1/57, $p < .001$). Medication cost adds to the predictive effect ($F = 6.01$, df 1/56, $p < .05$). Age also adds to the predictiveness of the multiple correlation ($F = 4.12$, df 1/55, $p < .05$). The significant multiple correlations are reported in Table 4.

The data does not show any significant relationship between increased psychological functioning and any of the other predictor variables. Some of the nonpredictive predictor variables are hospital referral source, marital status, race, religion, educational level, annual income, income source, family relationships, friendship relationship, previous work experience,

ability to drive, Friendship Home attendance, type of group counseling, frequency of group attendance, and average number of monthly counseling sessions.

DISCUSSION

This research supports the findings of Katkin (1975), Pryer (1973) and Fisher (1973) that Aftercare programs can produce a lower recidivism rate. The present research expands upon these results in that it shows that a therapeutic day-care program significantly lowers the Aftercare recidivism rate. The Friendship Home program reduced recidivism by at least 15%.

The research findings of Donlon (1973) and Prince (1973) concerning the effectiveness of group therapy are not supported by the results of this present research. This study does not show any relationship between group therapy and increased psychological functioning. This lack of a significant relationship between these variables could result from the large number of untrained staff members. The findings could also result from the fact that this research did not use any comparison group. The studies which showed significant results used an experimental design with a control group or compared group therapy with traditional therapeutic methods. Another factor could have influenced these results. The Aftercare staff felt clients should have an opportunity to experience both individual and group therapy. The staff did not feel that they could limit clients' rights to experience any type of therapy or any degree of therapy. Therefore, comparisons could not be made between group therapy and more traditional methods.

Although the present findings support the effectiveness of a non-residential therapeutic program, it does not show any significant relationship between increased psychological functioning and type of counseling, degree of counseling or degree of attendance at a therapeutic facility. These findings are confusing in that the overall results show that most clients perceived and reported that their psychological functioning has increased. Friendship Home, a therapeutic facility, is effective in lowering recidivism rate and in increasing psychological functioning and problem solving. A problem remains, only what are the variables predictive of its effectiveness? Therapeutic experiences are not predictive of increased psychological functioning. However, Friendship Home is accomplishing its goal to help clients learn to increase their psychological functioning. Obviously, there are variables concerning therapeutic effectiveness which this study is not able to measure.

In this study there are three variables which predict psychological functioning. These are a person's present housing, lower medication costs, and a person's age. The person's present housing and lower medication costs are proximate predictors. A person with more independent housing and lower medication costs has increased psychological functioning. These two variables are short term predictors of a person's ability to psychologically function. When a person moves to more independent housing or has lower medication costs, it is possible to anticipate increased psychological functioning. The age of a person is also predictive of psychological functioning. A relatively older person has a better chance of increased psychological functioning than a younger person. The concept, relatively older person, must be stressed, since 81% of the sample were under 50 years of age.

The research supports the effectiveness of Aftercare programs which develop a therapeutic non-residential day-care program. The results also indicate three variables which are predictive of increased psychological functioning. This investigation expands upon previous studies but leaves for future research the question what long term or remote variables or factors are predictive of increased psychological functioning.

TABLE 1

Psychological Functioning and Problem Solving

Fear Now	.78
Social and Community Activities	.41
Initiate Conversation	.55
Interest in Other People's Problems	.72
Like Other People	.57
Psychological and Emotional Health	.50
Symptoms	.45
Positive Behavior	.47
Ability to Enjoy Life	.41
Freedom to Function	.60
Ability to Problem Solve and Cope	.67
Ability to Make Decisions	.56

TABLE 2

Percentage of Clients and
Their Perceived Psychological Functioning

	Increased Functioning	Neutral or No Change	Decreased Functioning	χ^2
Fear Now	76	17	7	76.51
Social and Community Activities	48	47	5	29.69
Initiate Conversation	56	37	7	36.48
Interest in Other People's Problems	58	37	5	42.75
Like Other People	58	37	5	42.75
Psychological and Emotional Health	63	34	3	54.54
Symptoms	47	39	14	25.94
Positive Behavior	65	32	3	60.00
Ability to Enjoy Life	61	34	5	47.50
Freedom to Function	66	26	8	52.00
Ability to Problem Solve and Cope	65	27	8	50.00
Ability to Make Decisions	53	39	8	31.12

TABLE 3

Variables Predictive of Factor 1

Psychological Functioning and Problem Solving

Present Housing	.44
Medication Expenses	.39
Age	-.27

TABLE 4

Multiple Correlations with Factor 1

Psychological Functioning and Problem Solving

Present Housing	.44
Housing and Medication Cost	.52
Housing, Medication Cost, and Age	.57

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